



IDAHO STATE BOARD OF ACCOUNTANCY  
PO Box 83720  
Boise ID 83720-0002  
Phone (208) 334-2490 Fax (208) 334-2615  
E-Mail: [isba@isba.idaho.gov](mailto:isba@isba.idaho.gov)  
Web Site: [isba.idaho.gov](http://isba.idaho.gov)

### EXPERIENCE AND EMPLOYMENT SUMMARY FOR RECIPROCITY APPLICANTS

Reciprocity applicants may use this form to report experience, if they meet all of the following:

- 1) have no less than four years of experience, **and**
- 2) the experience was obtained **after** original licensure, **and**
- 3) the experience was obtained within ten years of filing this application.

If there were more than 3 employers, photocopy this form before completing and return all completed forms to the Board office; P.O. Box 83720 – Boise ID 83720-0002.

Employer	Title	Dates Employed
----------	-------	----------------

Supervisors Name	Supervisors Address	Supervisors Phone
------------------	---------------------	-------------------

Brief description of duties:

Employer	Title	Dates Employed
----------	-------	----------------

Supervisors Name	Supervisors Address	Supervisors Phone
------------------	---------------------	-------------------

Brief description of duties:

Employer	Title	Dates Employed
----------	-------	----------------

Supervisors Name	Supervisors Address	Supervisors Phone
------------------	---------------------	-------------------

Brief description of duties:

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations contained on this form.

Signature: \_\_\_\_\_ Print Last Name: \_\_\_\_\_ Date: \_\_\_\_\_